Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5/19/10</u>	Address:	<u>CR 700 S</u>
Case #:	<u>14F-39972</u>		COLFAX, IN
County:	<u>CLINTON</u>		46035
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Open Air ☐ Red Phosphorous/Iodine Reaction(s): ☐ Flammable Solvents: Open Air ☐ Water Reactive Metal (Lithium): Open Air ☐ Anhydrous Ammonia: Open Air ☐ Hydrochloric Acid Gas Generator(s): ☐ Corrosive Acid: ☐ Corrosive Base: ☐ Other (item and location):			
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Suspicious Person Invest. cies that serve the location:	
Health Depa	ment: Perry Twnshp VFD artment: Clinton County ction Service: NA	Fax: <u>765-6</u> Fax: <u>765-6</u> Fax:	<u>59-6385</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: B. Russell Phone 765-567-2125			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.